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Quality Management Guidelines for Islamic Societies

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Summary

In Islamic societies, religion penetrates all aspects of social and professional life, including health issues. In the healthcare sector, the Sultanate of Oman faces the challenge of implementing a quality model. This sector is considered to be of the utmost importance, since no mistakes are allowed here. The work attitude and ethos are perceived as decisive aspects in this regard. It is clear that this model should comply with Islamic values. However, such a model was missing not only in Oman, but also in adjacent countries. Dubai and Jordan only used some aspects of Western models that suited their organizations' requirements and the countries' rules. Jordan faced challenges in implementing the European Foundation for Quality Management (EFQM) in the public sector due to difference in procurements procedures, HRM, and country laws. In the case of Oman, represented by the University Hospital, the ISO 9001 has been implemented for few years, but this shifted to Canadian International Accreditation in 2014. In addition, these models and systems do not cover the Islamic values that are essentials for Muslims' social and professional life.

Given this gap, the present research took up the challenge to develop such a model. The research question was as follows: What are specificities of a quality management model for the health sector in Islamic cultures? This question has been broken up in the following sub questions:

1. What are the Islamic requirements of a quality model?
2. What should a model for the healthcare sector in Islamic societies look like?
3. What are the requirements for implementing such a model in Islamic countries?

The steps in the methodology used to develop the model were as follows: First, we clarified the Islamic requirements with which the model should comply. These consisted of 13 values. Next, we scrutinized Western models to determine whether they were compatible with Islamic lifestyles. Based on a comparison between the Islamic values and the Western models, we came up with an initial set of guidelines. Following this, we conducted a survey (preceded by piloting to establish the right questions), presented the initial guideline to hospital staff, and adjusted the guideline according to their suggestions. As a follow-up, we conducted three Delphi sessions with different types of experts and at different levels of Omani society. That operation yielded a final guideline that serves as a quality model for the healthcare sector.

In chapter 2, 13 rules of Islamic Work Ethics (IWEs) were identified. These elements were distilled from the literature. In addition, the Mufti of the Sultanate of Oman was consulted, and he verified that these are the well-known work ethics in Islam. The 13 values, representing the IWEs, were as follows: intentions (Niya), benevolence (Ehsan), justice (Adil), forever mindful of the Almighty God (Taqwa), sincerity and keeping promises (Ekhlas), trust (Amanah), trustfulness (Sidq), conscientious self-improvement (Etqan), consultation (Shura), patience (Saber), teamwork (Ruh al Jama'ah), compliance (Mutabakah), and supervision (Riqabah). With this outcome, the first sub-question was addressed.

We proceeded to examine the existing Western models to determine whether they were compatible with Islamic guidelines and could be of assistance in generating an Islamic quality model. A comparison of the distilled Islamic values with the Western models yielded three basic models, Malcolm Baldrige National Quality Award (MBNQA model), the Dutch NIAZ model, and the EFQM Excellence Model. These contained values that were seemingly similar to those of the IWEs but differed significantly from the meaning intended by Islam. Therefore, the series of Islamic guidelines that was formulated acted as a first design of quality requirements for the Omani health sector.

So far, all the insights stemmed from the researcher. We found that they should be checked with the people who are involved in the healthcare sector on a daily basis. To that end, we conducted a survey of hospital employees. This part of the research identified a number of IWEs, particularly trust (Amana), consultation (Shura), conscious of self-improvement (Etqan), teamwork (Ruh-al Jama'ah), and compliance (Mutabakah), which seemed to be largely ignored in current quality models. While other work ethics hold some importance, the abovementioned IWEs were given primary importance in the development of the new guideline.

To increase the reliability of the guideline, we organized three Delphi sessions. The first session, with healthcare workers from four government hospitals, indicated that guidelines are the best form for the Islamic quality management to start with. The preference for guidelines was based on the need for flexibility of implementation and the desire for a quality management that was more suitable in a Muslim/Arabic cultural context. The study participants provided suggestions to improve the proposed guideline, such as adding more guideline principles (including innovation/creativity, social responsibility, system effectiveness, resources, and transparency), defining the proposed model and the goals to achieve more clearly, and renaming some of the guideline's principles (e.g., *outcomes* instead of *results* or *employee management* as opposed to *people management*). The comments provided by the study participants in the first Delphi session helped in modifying the version of the model for the first time.

The second Delphi session targeted quality officers and heads of quality departments, including lab technicians, doctors, nurses, X-ray technicians, and managers. They aimed at a similar improvement of the revised model. However, the quality officers did not provide major comments. Instead, they focused on the interrelationship between good governance and the guideline's principles, as well as the relationship between the principles and the IWEs. The quality officers suggested making these relationships clear in the design of the guideline. During the third Delphi session, attendees approved the structure, principles, and IWEs of the proposed guideline, and suggested including strategy as one of the guideline principles. The suggestions were accordingly incorporated into the guideline. This proposed model was approved by the Acting Mufti, who attended the third Delphi session. Thus, the answer to the second sub-question (What would a quality management approach from an Islamic perspective look like?) has been provided.

The third sub-questions was addressed based on visits to the healthcare systems of three Islamic countries (Jordan, Egypt, and Dubai) and the suggestions made during the survey and the three Delphi sessions. We distinguished between present and missing conditions for the implementation and focused on Oman. The conditions that were present to some degree are good governance and transparency. The missing conditions are a Center of Excellence (CE) in the Ministry of Health, National Center of Excellence (NCE), capacity building, connection to geographical regions, university and research centers, and actors and responsibilities.

The first missing condition was the absence of a CE at the ministry level to provide leadership and management to all quality management activities. The second was the lack of an NCE to coordinate and organize the quality management activities of all sectors, including health care. Other missing conditions included the capacity of professionals working in the quality field, connection with geographical regions to share best practices and success stories, and connections with the universities and research centers. Furthermore, we suggested that the implementation process should consist of three stages—preparation, implementation, and evaluation. For the evaluation phase, the development of an assessment sheet was suggested by the researcher.

Relating our findings to Western scholarship, it should be noted that a number of studies have examined American and European business work ethics, generally based on Max Weber's theories and the PWEs stated, only a few studies have examined IWEs. For example, Rice (1999) highlighted two points, specifically (1) insufficient efforts of the West to highlight the relationships between IWEs and business and (2) the need to orient those who intend to conduct business in Islamic countries to the IWEs. Lim and Lay (2003) and Rizk (2008) highlighted the PWEs in the economic success of Western countries, as well as Confucian values

in the success of the Asian countries, such as China, Japan, Taiwan, and Hong Kong. They claimed that both work ethics have been instrumental to their respective regions' prosperity in promoting hard work and diligence.

In this regard, the thesis offered three contributions. First, for the Islamic world, this thesis identified the well-known IWEs, highlighted their influence on Muslim behavior, and reviewed their overall implications for organizational performance. Moreover, it provided the necessary knowledge about the IWEs for managers intending to conduct business in Muslim countries. Like the Protestant and Confucian values, Islamic work values could also be instrumental for the success of the Muslim institutions in different sectors.

A second contribution, few studies have focused on different issues, such as work ethics, their sources, or the Ten Commandments (TCs). This thesis provided a comprehensive overview on the subject. It highlighted the Islamic view of the concept of business, identified the essential Islamic work values/components, their sources, the TCs, and their implications for organizations. The thesis took the challenge of integrating these values/ethics with quality principles to develop a guideline for a quality approach from an Islamic perspective. It established the base for other researchers to take this subject further.

Third, this thesis contributed to the field of quality management models. It conducted a comprehensive literature review on Western quality approaches and identified the shared values and principles in comparison with the IWEs. This opened the door for other research in this area. In addition, the thesis developed an Islamic quality management guideline that could establish a base for future research. It also identified common values between some specific Western models, such as the MBNQA, NIAZ, and the EFQM Excellence Model.

There were also some differences identified between the IWEs and the Western models. A major difference is that the IWEs involve groups, such as when it comes to supervision, whereas the Western models refer to individual properties, such as wisdom and diligence. Although there was a formal overlap between the values of the IWEs and those of the Western models, it can be said that the IWEs provide guidelines on how people behave not only at the professional level but also within societies. They also provide individual guidelines required to work within organizations. Thus, the values of the IWEs are more comprehensive and less instrumental.

It was observed that there are compatible elements shared between the values of the IWEs and those of the Western models. The first shared principle is leadership, which is underlined by common values as supervision, consultation, wisdom, leading with vision, inspiration, integrity, and vision. The second principle is a customer focus, which is stimulated by values of trust, sincerity and keeping promises, patient value as the true north, adding value for customers, and customer-driven excellence. The third principle is the workforce as described in the

MBNQA model, people in the EFQM Excellence Model and NIAZ, or employees in our Islamic guideline. In all four models, this principle is motivated through values of teamwork, patience, trustfulness, justice, diligence, succeeding through talent people, valuing workforce members, and partnership.

The practical value of this thesis is that it has produced a set of guidelines that the Omani society needed. The healthcare sector in the Sultanate of Oman requires a quality management system to raise the level of the healthcare services to the international level and ensure that the Omani citizens receive high-quality healthcare services. Through the incorporation of IWEs with quality management and business practices, a set of quality management guidelines was created to meet the specific cultural needs of the Omani healthcare system. This model represents the country's first steps, including the strong recommendations to establish a national quality management award and an NCE for the Sultanate of Oman. In addition, the model proposed here can be used as a basis for establishing more comprehensive quality management models in other Islamic countries.

Both qualitative and quantitative research methods were employed during this research study, resulting in the collection of a significant amount of data relating to Omani healthcare workers' perceptions of the IWEs, the application of the IWEs in the healthcare environment, and the form an Islamic-centric quality management system could take. While the amount of data collected through the fieldwork provided a sufficient level of confidence in the study results, increasing the number of regional hospitals in the case study could have increased it even more. In addition, the number of healthcare workers participating in this research (20) may have placed some limitations on the results. However, this limitation may have been overcome by conducting several Delphi sessions, with discussions held with quality officers from the MoH, as well as high religious and governmental officials and experts from different sectors. The participation of the Acting Mufti in the third Delphi session provided support and legitimacy to the results and the research in general. Overall, the results of this study provide insight into a relatively unexplored research area—quality management from an Islamic perspective.

The results of this research suggest several areas for possible future research. Once implemented, the proposed guideline should be tested for its effectiveness within the healthcare system. In addition, future research is needed to develop appropriate tools to evaluate each component of the guideline. Finally, moving to a broader scale, research should be conducted into the ethics prohibited within Islamic culture, such as injustice, hatred, and arrogance. This research has provided a crucial line of inquiry; to complete the project, comprehensive research program is needed.